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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/044,585
	Filing Date	10-23-2001
	First Named Inventor	Mark A. Kirkpatrick
	Title	APPARATUS FOR...
	Art Unit	unknown
	Examiner Name	Eugene Yun
	Attorney Docket Number	01292/ATTWP274US

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/>	A Power of Attorney is submitted herewith.											
<b>OR</b>												
<input checked="" type="checkbox"/>	I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	55343										
<b>OR</b>												
<input type="checkbox"/>	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:											
	<table border="1"> <thead> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number									
Practitioner(s) Name	Registration Number											

Please recognize or change the correspondence address for the above-identified application to:

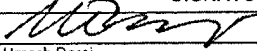
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<input type="checkbox"/>	Firm or Individual Name	AMIN, TUROCY & CALVIN, LLP		
	Address	127 Public Square, 57 Floor - Key Tower		
	City	Cleveland	State	Ohio
	Country	United States		
	Telephone	216-535-7968	Email	hamin@thepatentattorneys.com
	Zip	44114		

I am the:

<input type="checkbox"/>	Applicant/Inventor.
<b>OR</b>	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.
	Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11-17-08
Name	Umesh Desai	Telephone	512-372-59
Title and Company	Secretary, AT&T Intellectual Property I, L.P.		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/>	*Total of _____ forms are submitted.
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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